

Wisconsin Department of Regulation & Licensing

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Madison, WI 53703
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INFORMATION FOR REGISTERED NURSE LICENSURE BY EXAMINATION

REQUIREMENTS FOR EXAMINATION CANDIDATES

An applicant is eligible for the examination for registered nurses if the applicant has graduated from a board-approved school of professional nursing; has graduated from high school or its equivalent; and, does not have an arrest or conviction record, subject to the Fair Employment Act. (*See attached Convictions and Pending Charges-Form #2252.*)

Applicants who have graduated from a board-approved school of professional nursing outside of the United States or a U.S. territory are required to take and pass the board-approved qualifying examination by the "Commission on Graduates of Foreign Nursing Schools" (CGFNS) prior to admission to the NCLEX. **See #4 below.**

The NCLEX is being administered year-round via Computerized Adaptive Testing (CAT). Your eligibility for examination will be determined by the Board of Nursing upon receipt of a completed application and all supporting documents in the board office.

INSTRUCTIONS FOR COMPLETING THE APPLICATION

- 1. Application (Form #739):** Complete the enclosed application and attach the appropriate fee. Make check payable to "Department of Regulation & Licensing". Mail to the Board of Nursing at P.O. Box 8935, Madison, WI 53708-8935. *See page 2 of the application (Form #739) for other required documents.*
- 2. Statement of Graduation (Form #259)** ("Board-approved school" U.S. or U.S. territory): Complete and forward to your board-approved school of nursing. This form must be returned directly from your school to the Board of Nursing at P.O. Box 8935, Madison, WI 53708-8935. Forms received from the applicant will be rejected by the board. This form should not be completed by your school of nursing until you have actually graduated. Anticipated dates of graduation will not be accepted. Official transcripts are not required as they do not contain the information we require. If the school you graduated from is closed, contact the Department of Public Instruction in the state where you graduated to determine where the records for the closed school were transferred.
- 3. Statement of Foreign Nursing Education (Form #1006)** (Foreign graduates only, including Canada): Complete and forward to your board-approved school of nursing. This form must be returned directly to the Board of Nursing at P.O. Box 8935, Madison, WI 53708-8935. Forms received from the applicant will be rejected by the board. This form should not be completed by your school of nursing until you have actually graduated. Anticipated dates of graduation will not be accepted. NOTE: Certified copies of original CGFNS documents of graduation are acceptable in lieu of Form #1006.
- 4. CGFNS Certificate Required** (Foreign graduates only): Contact the "Commission of Foreign Nursing Schools" at 3600 Market St., Suite 400, Philadelphia, PA 19104-2651, (215) 349-8767 to request a valid certificate be sent directly to the Board of Nursing, P.O. Box 8935, Madison, WI 53708-8935. Certificates received from the applicant will be rejected by the board. **EXEMPTION:** If you are a graduate of an English speaking school in Canada you are exempt from CGFNS.
- 5. Temporary Permit (Form #2433) (optional):** In addition to completing the RN exam application (Form #739) with the required fee, complete the top portion of Form #2433. The bottom portion must be completed by your R.N. supervisor. Return this form to the board office with your application and the additional \$10.00 temporary permit fee.

If you do not have a supervising RN at this time, you can submit (Form #2433) when you have a supervising RN.
- 6. NCLEX Registration:** Complete the NCLEX registration form according to the instructions provided in the enclosed "NCLEX Candidate Bulletin". Attach the appropriate fee (*certified check, cashier's check or money order only*) made payable to the "National Council of State Boards of Nursing" and forward directly to NCLEX in the envelope provided.

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TEMPORARY PERMIT (optional)

An applicant for R.N. licensure who has graduated from a board-approved school of professional nursing may be eligible for a temporary permit upon submission of a completed application (Form #2433), supporting documents, credential fee, exam fee, and temporary permit fee. To maintain eligibility, an applicant shall schedule and take the examination prior to the expiration date of the temporary permit. An applicant who has failed a licensing examination in any state may apply for admission to take the NCLEX in Wisconsin, but shall not be eligible for a temporary permit.

A temporary permit is good for a period of 90 days or until the holder receives notification of failing the NCLEX. If an applicant fails NCLEX, the applicant is required to return the permit immediately. Failure to return the permit promptly shall, without further notice or process, result in a board order to revoke the permit. Temporary permits are non-renewable and non-refundable.

An applicant for R.N. licensure who holds a valid permit under this section or sec. N 3.05(4)(a), may use the title “graduate nurse” or the letters “G.N.” and shall not practice beyond the scope of the license the holder is seeking to obtain. The holder is required to practice under the direct supervision of an R.N. (The supervisor must be on-site and immediately available at all times.)

You may not practice as a registered nurse in Wisconsin unless you have either a permanent license or temporary permit.

AMERICANS WITH DISABILITIES ACT

The department complies with the Americans With Disabilities Act of 1990. The department will make reasonable modifications to policies, practices and procedures when modifications are necessary to avoid discrimination on the basis of disability and will make reasonable accommodations necessary to provide a qualified individual with a disability with equal access to department programs.

Complaints: Procedures for alleging violations of the Americans with Disabilities Act of 1990 may be obtained by calling the Department's ADA Coordinator at (608) 266-8608 or TTY at (608) 267-2416.

REQUESTS FOR EXAMINATION MODIFICATIONS FOR PERSONS WITH DISABILITIES

Candidates must indicate at the time of application to the department that modifications are being requested. Requests must include a specific description by the candidate of requested modifications, a letter of diagnosis of specific disability from a qualified professional, and a letter from the nursing education program indicating what modifications were granted by the program. Request forms are available at (608) 266-2852 or TTY at (608) 267-2416.

MAILING ADDRESS AND CHANGE OF ADDRESS

Credential holders may use a business address as a mailing address for department mail. A change of address must be reported to the department within 30 days.

MAILING INSTRUCTIONS

Mail the application, the appropriate fee, and supporting documentation to the following address:

DEPARTMENT OF REGULATION & LICENSING
BOARD OF NURSING
P.O. BOX 8935
MADISON, WI 53708-8935